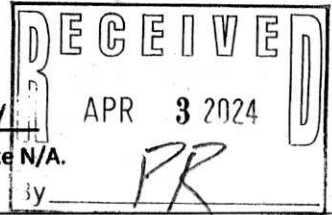


**APPLICATION FOR COURT-APPOINTED ATTORNEY/JDW**

Case Number: 24M07021 Date: 04/03/2024

All sections must be completed. Print neatly. If an item does not apply, write N/A.



APPLICANT	Employment	2 <sup>nd</sup> Employer
Name: <u>Amber Green</u>	Employer: <u>N/A</u>	Employer: <u>N/A</u>
Mailing Address: <u>Transit</u>	Length of emp: _____	Length of emp: _____
Street Address (if different): _____	Hourly rate: _____	Hourly rate: _____
City, State, Zip: _____	No. of Hours per week: _____	No. of Hours per week: _____
Phone Number Home: <u>N/A</u>	Tips (weekly): _____	Tips (weekly): _____
Cell: _____	Monthly Gross Income: _____	Monthly Gross Income: _____
Email: <u>Amber.Shaffner@gmail.com</u>		

MARITAL STATUS: [ ] single [ ] married [ ] separated  divorced [ ] widow(er)

**HOUSING SITUATION**

Do you pay rent or mortgage? [ ] yes  no  
 If yes, your monthly share: \$ \_\_\_\_\_  
 Are you homeless?  yes [ ] no  
 Number of children living with you: \_\_\_\_\_  
 Number of adults living with you: \_\_\_\_\_  
 Total Number of People in household: \_\_\_\_\_  
 Total Number of Dependents \_\_\_\_\_  
 Will anyone claim you as a dependent this year? [ ] yes  no  
 How do you pay for food? Food Stamp Benefits

**ASSETS**

Checking account? [ ] yes  no Balance: \$ \_\_\_\_\_  
 Name of bank: \_\_\_\_\_  
 Savings account? [ ] yes  no Balance: \$ \_\_\_\_\_  
 Name of bank: \_\_\_\_\_  
 No. of cars: 1 Value: \$ Broken / unknown  
 Real Estate owned: How many properties? 0  
 Value: \$ \_\_\_\_\_  
 House owned: Amount owed \$ \_\_\_\_\_  
 Purchase price \$ \_\_\_\_\_ Year purchased: \_\_\_\_\_  
 Stocks, bonds, other investments \$ \_\_\_\_\_  
 Cash on hand \$ \_\_\_\_\_  
 Goods that can be converted to cash \$ \_\_\_\_\_

**GROSS HOUSEHOLD INCOME**

Applicant's gross monthly income from work \$ 0  
 Spouse's income \$ \_\_\_\_\_  
 Parent's income (if applicant is a Dependent) \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Child support (subtract if paid by defendant) \$ \_\_\_\_\_  
 Alimony or Spousal Support/Maintenance \$ \_\_\_\_\_  
 Other forms of income \$ \_\_\_\_\_  
 Other household member income \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES**

Rent/Mortgage \$ \_\_\_\_\_  
 Food \$ 291.00 Food Stamps  N  
 Utilities \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Medical Bills \$ \_\_\_\_\_  
 Credit/loans \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_

TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

TOTAL EXPENSES: \$ 291.00

**OTHER HOUSEHOLD MEMBERS (spouse, partner, parent, etc.) CONTRIBUTING TO THE HOUSHOLD**

Name: _____	Name: _____	Name: _____
Relationship to Applicant: _____	Relationship to Applicant: _____	Relationship to Applicant: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
<b>EMPLOYER:</b> _____	<b>EMPLOYER:</b> _____	<b>EMPLOYER:</b> _____
Hourly rate: _____	Hourly rate: _____	Hourly rate: _____
No. of Hours per week: _____	No. of Hours per week: _____	No. of Hours per week: _____
Tips (weekly): _____	Tips (weekly): _____	Tips (weekly): _____
Monthly Gross Income: _____	Monthly Gross Income: _____	Monthly Gross Income: _____

**OATH:** I swear or affirm under penalty of perjury that the above information is true and complete. I authorize the Colorado Springs Municipal Court to verify information I have recorded on this form, including but not limited to authorizing my employer, bank, and other institutions to release information necessary to accomplish verification. I hereby request the Colorado Springs Municipal Court appoint an attorney to represent me in the above case.

[Signature]  
 Signature

4/3/2024  
 Date

I MUST INFORM THE COURT OF ANY CHANGES IN MY INCOME.